

Case Number:	CM13-0069569		
Date Assigned:	05/07/2014	Date of Injury:	12/14/2012
Decision Date:	07/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male who reported an injury on 12/14/2012. The mechanism of injury was not stated. The current diagnoses include status post left knee arthroscopy with recurrent meniscus tear, right knee internal derangement, and lumbar spine discogenic back pain with radiculopathy. The injured worker was evaluated on 10/18/2013. The injured worker reported increasing lower back pain with radiation into bilateral hips, as well as bilateral knee pain with weakness. The physical examination revealed an antalgic gait, medial and lateral joint line tenderness, positive McMurray sign, and midline paraspinal tenderness of the lumbar spine with positive straight leg raising. Treatment recommendations included an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LUMBAR MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue and shoulder nerve impairment, the practitioner can discuss with a consultant with selection of an imaging test. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. There is no documentation of a significant neurological deficit. There is no mention of an attempt at conservative therapy prior to the request for an imaging study. There is no evidence of the emergence of any red flags for serious spinal pathology. Physical examination only revealed tenderness to palpation with positive straight leg raising. The medical necessity for the requested study has not been established.